

**Cairo AMERICAN COLLEGE**  
**DISBURSEMENT/REIMBURSEMENT REQUEST**

**Requested by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pay cash/check to:** \_\_\_\_\_

**Request Description:** \_\_\_\_\_

**Budget Year:** \_\_\_\_\_

**CHECK APPROPRIATE BOXES:**

**Disbursement (receipts attached)**

Local Bank check (EGP)  
 Cash (EGP Equivalent to \$250)

**Reimbursement (receipts attached)**

Local Bank check (USD\$)  
 Cash (USD\$250 max)  
 US Bank Check (in USD\$ only)  
 Electronic Payment (*Please provide banking information*)  
*\*(Overseas transfers for employees will be made for amounts above \$250 only)*

**ACCOUNT(S) TO BE CHARGED AND DESCRIPTION**

<u>Line Item</u>	<u>Dept.</u>	<u>Description of item or expense</u>	Amount	
			EGP	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL:</b>			_____	_____

**Supervisor's Signature:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

**Recipient's Printed Name:** \_\_\_\_\_

**Recipient's Signature:** \_\_\_\_\_